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Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development

Report of the Secretary General

Summary

The present report responds to a request made at the twenty-eighth session of the Commission on Population and Development for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development. It also complies with General Assembly resolutions 49/128 of 19 December 1994 and 50/124 of 20 December 1995 in which the Assembly called for the preparation of periodic reports on the flows of financial resource to assist in the implementation of the Programme of Action.

The report examines levels of donor and domestic expenditures for population activities in developing countries for 2003 and provides estimates for population expenditures in 2004 and projections for 2005.

Although the financial targets of the Programme of Action for 2000 were not met, it is encouraging to note that both international donor assistance and domestic expenditures for population activities have increased since then. Donor assistance for population, which stood at $2.6 billion in 2000, was estimated at $4.2 billion in

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2003, up from $3.2 billion in 2002. Domestic expenditures, which hovered between $7 billion and $9 billion during 2000-2002, were estimated at almost $11 billion in 2003. Together, donor assistance and domestic expenditures for population activities yielded a global estimate of just over $15 billion in 2003.

To reach the 2005 target of $18.5 billion, the international community would have to continue to increase levels of assistance and developing countries would have to continue mobilizing additional domestic resources. Estimates for 2004 and projections for 2005 are encouraging. Donor assistance is estimated to have increased to $4.5 billion in 2004 and projected to increase to almost $6.4 billion in 2005. A rough estimate of resources mobilized by developing countries, as a group, including China, yielded a figure of $12.5 billion for 2004. This number is projected to increase to $12.7 billion in 2005.

The largest share of funding is currently going to AIDS-related activities. However, the increased resources are still not adequately addressing the growing AIDS pandemic. In addition, funding for family planning and reproductive health, which has been lagging behind, also needs to increase proportionately with current needs in these areas. The substantial increase in funding for AIDS clearly demonstrates that further resources can still be mustered and that, given the political will to do so, they can be made available for the other equally critical components of the costed population package of the International Conference on Population and Development, especially family planning and reproductive health.

The challenge before the international community is to remain on track so as to reach the target for 2005. Without a firm commitment to population, reproductive health and gender issues, and adequate allocation of financial resources in all areas, it is unlikely that any of the goals and targets of the International Conference on Population and Development and the Millennium Summit will be effectively met.

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Introduction

1. The present report has been prepared by the United Nations Population Fund (UNFPA) in response to a request made at the twenty-eighth session of the Commission on Population and Development[1] for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development[2] held in Cairo in 1994. The report is part of the documentation called for in the work programme of the Commission and is submitted in accordance with General Assembly resolutions 49/128 of 19 December 1994 and 50/124 of 20 December 1995, in which the Assembly called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action.

2. The report examines the flow of funds from donor countries for population assistance in developing countries[3] and provides estimates of government and non-governmental expenditures for population activities in developing countries for 2003. It also includes donor and developing country estimates for 2004 and projections for 2005. Data-collection activities for both donor and domestic resource flows were undertaken by the Netherlands Interdisciplinary Demographic Institute (NIDI) under a contract with UNFPA and the Joint United Nations Programme on HIV/AIDS (UNAIDS). Evaluation and analysis of data were carried out jointly by NIDI and UNFPA.

Methodology

3. Data on donor assistance for population activities presented in this report were gathered with the use of a detailed questionnaire mailed to 77 key actors in the field of population and AIDS including the Organization for Economic Cooperation and Development (OECD)/Development Assistance Committee (DAC) donor countries, major multilateral organizations and agencies, large private foundations and other non-governmental organizations that provide substantial amounts of population assistance. Data for fiscal year 2003 are based on responses received by 10 January 2005. Thus, the figures should be treated as provisional, since they are subject to change as more responses are received. Increasingly, information from donor countries is obtained from the OECD/DAC database.

4. Information on domestic resource flows is based on data from responses to questionnaires sent to a core sample of 61 developing countries throughout the world, case studies[4] conducted in selected countries as part of the UNFPA/UNAIDS/NIDI Resource Flows Project, secondary sources, and estimation and projection techniques.

5. The external and domestic financial resource flows for population activities analysed in this report are part of the "costed population package" as specified in paragraph 13.14 of the Programme of Action of the International Conference on Population and Development. The package comprises family planning services; basic reproductive health services; sexually transmitted diseases (STDs)/HIV/AIDS prevention activities;[5] and basic research, data and population and development policy analysis. The Programme of Action estimated that the implementation of this population and reproductive health package in the developing countries and countries with economies in transition would cost US$ 18.5 billion[6] annually by the

year 2005. Approximately two thirds of the projected costs would come from the countries themselves and one third, or $6.1 billion, would come from the international donor community.

I. Donor assistance to population activities

6. Population assistance has increased slowly, but steadily since the International Conference on Population and Development. Although assistance peaked at $2.6 billion in 2000, the financial goal of the Conference of $5.7 billion by the year 2000 was not met; the resources mobilized were roughly 46 per cent of the target agreed upon as the international community's share in financing the Programme of Action. By 2002, donor assistance was $3.2 billion. The 2003 figure shows an increase to $4.2 billion (see table 1). It is estimated that population assistance increased further to $4.5 billion in 2004.

7. If donors live up to their commitments and continue to increase funding levels as promised, it is projected that the international donor community will have contributed almost $6.4 billion to population assistance by the end of 2005. This means that donors will have not only reached, but even slightly surpassed, the Conference target for 2005 (see figure I).

Table 1
International population assistance, by major donor category, 2002-2005
(Millions of United States dollars)

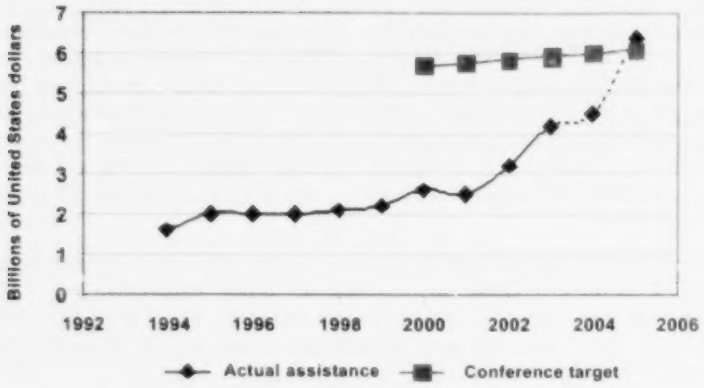
	2002	*2003*	*Estimated 2004*	*Projected 2005*
Developed countries	2 314	3 334	3 383	5 221
United Nations system	31	41	34	35
Foundations/NGOs	530	324	574	597
Development bank grants	2	28	29	30
Subtotal	**2 878**	**3 727**	**4 019**	**5 883**
Development bank loans	328	501	501[a]	501[a]
Total	**3 205**	**4 228**	**4 520**	**6 384**

Sources: UNFPA, *Financial Resource Flows for Population Activities in 2002* (New York, 2004); and UNFPA/UNAIDS/NIDI Resource Flows Project database.

Note: Totals may not add up owing to rounding. Data for 2003 are provisional; data for 2004 are estimates; data for 2005 are projections.

[a] Estimated at the 2003 level.

Figure I
Actual population assistance as compared with targets of the International Conference on Population and Development



Sources: UNFPA, *Financial Resource Flows for Population Activities in 2002* (New York, 2004); and UNFPA/UNAIDS/NIDI Resource Flows Project database.
Note: Estimated 2004 and projected 2005 assistance is shown by broken line (- - -).

A. Bilateral assistance to population activities

8. Donor countries provide the largest share of population assistance. Bilateral assistance stood at $3.3 billion in 2003, up from $2.3 billion in 2002. Most countries increased funding levels over the past year. The United States of America, whose funding increased by almost 88 per cent compared with that of 2002, continued to be the largest donor, contributing $1.8 billion in population assistance, or 54 per cent of the resources of donor countries. Other major donors in 2003 included the Netherlands, the United Kingdom of Great Britain and Northern Ireland, the European Union (EU), Germany, Norway and Japan, all of which contributed over $100 million each in population assistance. According to preliminary estimates, donor countries provided $3.4 billion for population activities in 2004. Projections for 2005 place this number at $5.2 billion. The projected increase includes two important sources of additional funding: the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief.

9. Seventeen donor countries and EU increased their contributions in 2003.[7] Of the countries that registered increases in funding levels, three countries had actually decreased their contributions in terms of their local currency, but showed an increase in terms of the United States dollar.

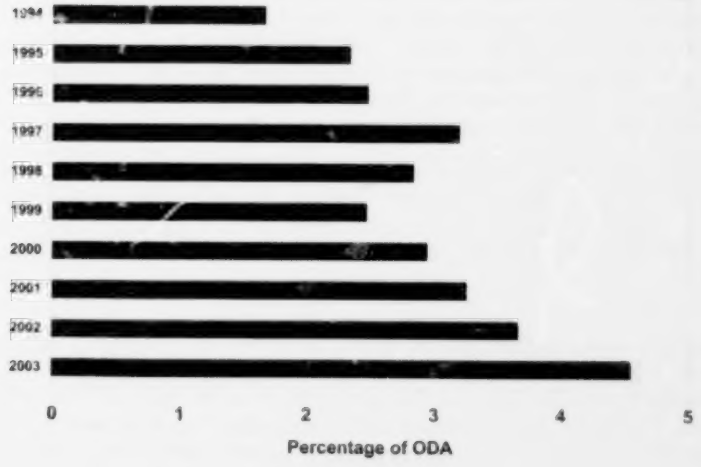
Population assistance as a proportion of official development assistance

10. Donor countries contributed 4.54 per cent of their total official development assistance (ODA) to population assistance in 2003, up from 3.65 per cent in 2002

(figure II). This marked the first time that donor countries, as a group, crossed the 4 per cent (of ODA to population activities) threshold. However, it should be pointed out that only a handful of countries contribute the suggested 4 per cent or more of their total ODA for population assistance; in 2003, only five countries did so, compared with eight countries in 2002. Donor countries vary greatly in terms of the proportion of ODA contributed to population assistance: proportions have ranged from 0.04 to 11.45 per cent. The United States led the donor countries, earmarking 11.45 per cent of its total ODA for population assistance in 2003. This increase reflects the large increase in funding for HIV/AIDS. Other countries contributing more than 4 per cent of ODA to population assistance were the Netherlands, Norway, Finland and Luxembourg.

11. The International Conference on Financing for Development in 2002 reinvigorated international cooperation for development and served to halt the downward trend in aid. The immediate result was a 5 per cent increase in ODA in 2002; and total ODA further increased to 68.6 billion in 2003. However, most countries do not earmark 4 per cent of their total ODA for population assistance. Least developed countries are especially in need of larger flows of aid.

Figure II
Population assistance of donor countries as a proportion of ODA, 1994-2003



Sources: UNFPA. *Financial Resource Flows for Population Activities in 2002* (New York, 2004); and UNFPA/UNAIDS/NIDI Resource Flows Project database.
Note: Data for 2003 are provisional.

Population assistance in relation to gross national product

12. In 2003, donor countries contributed, on average, $112 per million dollars of gross national product (GNP) for population assistance, up from $86 per million dollars in 2002. The average dollar amount conceals the large variation between countries, ranging from $1 to $538 per million dollars. Norway led the donor countries, contributing $538 per million dollars of GNP for population assistance.

The Netherlands, Luxembourg, Denmark and Sweden each contributed over $200 per million dollars of GNP for population assistance.

B. Multilateral assistance to population activities

Grants

13. Multilateral assistance to population activities is provided by the organizations and agencies of the United Nations system, mainly UNAIDS, the United Nations Children's Fund (UNICEF), UNFPA and the World Health Organization (WHO). Whatever the United Nations organizations receive for population assistance from OECD/DAC donor countries is considered to be bilateral assistance. Organizations' general funds not earmarked for population activities, interest earned on funds, and money received from income-generating activities that are spent on population programmes are considered multilateral assistance for population. Funds received from developing countries that organizations spend on population activities are a small portion of an agency's regular budget and are also included as multilateral assistance. Multilateral assistance stood at $41 million in 2003, up from $31 million in 2002. Funding levels are not expected to change significantly in 2004 and 2005.

14. UNFPA is the leading provider of United Nations assistance in the population field, having provided support to 136 developing countries in 2003. UNFPA, which relies on voluntary contributions, uses the multi-year funding framework initiative that emphasizes management for results, tying programme support to policy development and linking the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals within the context of poverty reduction to stimulate resource mobilization.

15. The World Bank reported an expenditure of $27 million in 2003 as compared with $2 million in 2002 due to increased funding for HIV/AIDS. The Inter-American Development Bank reported just under $1 million provided to intermediate donors for special grant programmes in the area of population in 2003.

Loans

16. Development banks, which provide loans to developing countries, are an important source of multilateral population assistance. Their contributions are treated separately from grants because their assistance is in the form of loans that must be repaid. The banks' projects reflect multi-year commitments recorded in the year in which they are approved but disbursed over several years. Most loans for population assistance come from the World Bank, which supports reproductive health and family planning service delivery, population policy development, HIV/AIDS prevention, and fertility and health survey and census work. The World Bank reported having lent $501 million for population activities in 2003, up from $328 million in 2002. Of this amount, just over $239 million represented International Development Association loans, made at highly concessional rates, and $261 million represented International Bank for Reconstruction and Development loans, made at rates closer to those prevailing in the market.

C. Private assistance to population activities

17. undations, non-governmental organizations and other private organizations are also important sources of population assistance. In 2003, foundations and non-governmental organizations contributed $324 million to population activities, down from $530 million in 2002. This figure is expected to increase as more foundations report their 2003 contributions. Major contributors reporting by the publication deadline included the Bill and Melinda Gates Foundation, the William and Flora Hewlett Foundation, the Fund for International Development of the Organization of the Petroleum Exporting Countries (OPEC) and the Henry J. Kaiser Family Foundation. Major non-governmental organizations contributors included Marie Stopes International, the Population Services International, the International Planned Parenthood Federation and the Japanese Organisation for International Cooperation in Family Planning. Private assistance to population activities is expected to move closer to the 2002 level in 2004 and 2005.

D. Expenditures for population activities by geographical region

18. A total of 158 countries and territories benefited from population assistance in 2003, up from 151 countries in 2002. Sub-Saharan Africa, which includes the majority of the least developed countries, continued to be the largest recipient of assistance, receiving almost half of all assistance going to the five geographical regions (figure III). The next largest recipients of population assistance were: Asia and the Pacific, Latin America and the Caribbean, Western Asia and Northern Africa, and Eastern and Southern Europe. Global and interregional population activities have been receiving an increasingly larger share of total population assistance over the years. In 2003, as in 2002, 40 per cent of assistance went to global and interregional activities. Assistance went to such activities as advocacy; research; reproductive health; support to the Global Fund to Fight AIDS, Tuberculosis and Malaria; HIV/AIDS prevention, care and support; and safe motherhood.

Figure III

Proportion of total expenditures for population activities received by each of the geographical regions, 2003

Source: UNFPA/UNAIDS/NIDI Resource Flows Project database.

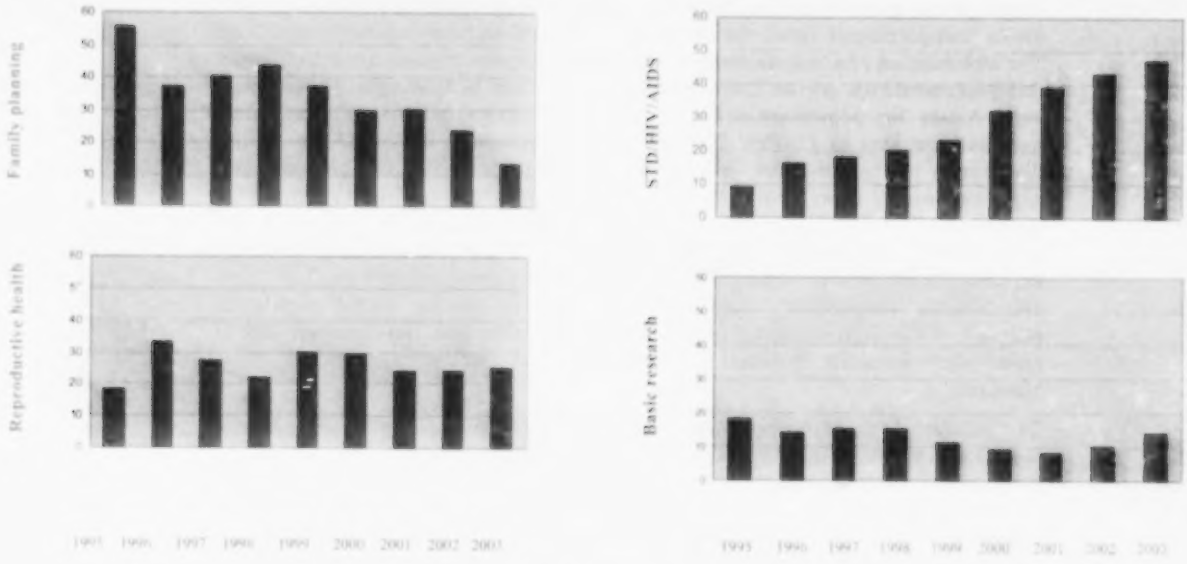
E. Expenditures for population activities by category of activity

19. UNFPA monitors expenditures for population activities according to the following four costed population categories of the International Conference on Population and Development: (a) family planning services, (b) basic reproductive health services, (c) STD/HIV/AIDS activities and (d) basic research, data and population and development policy analysis. The largest and increasing proportion of total population assistance goes to fund HIV/AIDS activities. In fact, 83 per cent of the increase in donor funding for population activities in the period from 2002 to 2003 was due to AIDS-related funding. Consistent with the call by the Conference for integration of services, funding for basic reproductive health services increased, with fluctuations, from 18 per cent in 1995 to 25 per cent in 2003, up from 24 per cent in 2002, while explicit funding for family planning services decreased, with fluctuations, from 55 to 13 per cent during the same period, down from 23 per cent in 2002 (figure IV). Consistent with the rapid spread of the HIV/AIDS pandemic, funding for HIV/AIDS activities has increased sharply since 1995, from 9 per cent of total population assistance to 47 per cent in 2003, up from 43 per cent in 2002. Funding for basic research activities has decreased, with fluctuations, since 1995, from 18 per cent to 14 per cent in 2003, up from 10 per cent in 2002.

20. Funding for family planning services decreased in absolute dollar amounts from $723 million in 1995 to $461 million in 2003, a decrease of 36 per cent. Funding for reproductive health and basic research activities increased 275 per cent and 110 per cent, respectively, between 1995 and 2003; however, it was HIV/AIDS activities that received the largest proportion of assistance, increasing 13-fold in absolute dollar amounts from 1995 to 2003. Given the increased emphasis on addressing the global AIDS pandemic, including the Millennium Development Goal of combating HIV/AIDS, malaria and other diseases and the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief, estimates for 2004 and projections for 2005 point to a continuation of this trend. In fact, donor countries are expected to spend almost 60 per cent of their population assistance on STD/HIV/AIDS activities in 2004; this figure is projected to increase to 66 per cent in 2005.

Figure IV

Expenditures for different categories of population activities as a percentage of total population assistance, 1995-2003



Sources: UNFPA, *Financial Resource Flows for Population Activities in 2002* (New York, 2004); and UNFPA/UNAIDS/NIDI Resource Flows Project database.

21. The growing trend towards integration of services and the increasing use of sector-wide approaches in development assistance is making it increasingly difficult for countries to readily distinguish between expenditures for population and other health-related activities and, within population, funding that goes to family planning, reproductive health and STD/HIV/AIDS activities.

F. Expenditures for population activities by channel of distribution

22. Assistance for population activities flows through a diverse network, moving from the donor to the recipient country through channels that may be characterized as: (a) bilateral: directly from the donor to the recipient-country Government; (b) multilateral: through organizations and agencies of the United Nations system; or (c) non-governmental. In 2003, 50 per cent of all population assistance went through the non-governmental channel, while 28 per cent went through bilateral programmes and 22 per cent went through multilateral organizations. Although the percentage of population assistance channelled by non-governmental organizations has decreased since 2002, the non-governmental organization channel continues to predominate throughout all the world regions. Population assistance is expected to continue to be channelled in large part by non-governmental organizations in 2004 and 2005.

II. Domestic expenditures for population activities

A. Methodology

23. The Programme of Action of the International Conference on Population and Development pointed out that domestic resources of developing countries provide the largest portion of funds for attaining population and development objectives. The mobilization of adequate domestic financial resources is essential to facilitating full implementation of the Cairo agenda. UNFPA has been monitoring domestic expenditures for population activities since 1997 through the use of a survey questionnaire sent to UNFPA Country Offices throughout the world for further distribution to government ministries and large national non-governmental organizations. In many countries, local consultants were recruited to work with government authorities and non-governmental organizations in completing the questionnaires. UNAIDS Country Offices assisted in the selection of government departments and non-governmental organizations that provided data on HIV/AIDS expenditures. Respondents were requested to focus on the costed population package of the International Conference on Population and Development and to report only domestic financial resources, and not include international donor assistance.

24. Surveys of domestic expenditures were initially conducted on an annual basis but, since 1999, to reduce the burden on financial and human resources, countries have been surveyed on a biennial basis. Country case studies were conducted as part of the Resource Flows Project to supplement the mail inquiry. Despite intensive follow-up, it was becoming increasingly difficult to track progress of developing countries towards achieving the financial targets of the International Conference on Population and Development. Each year, fewer countries provided information on domestic expenditures for population activities. Many Governments, including several of the most populous countries, were unable to supply the requested data because of funding, staffing and time constraints. In addition, countries that did not have well-developed systems for monitoring resource flows were unable to provide the requested information, especially when funding was pooled in integrated social and health projects and sector-wide approaches. Furthermore, countries with decentralized accounting systems could supply data only on national expenditures, and were unable to provide information on expenditures for population at subnational (lower administrative) levels.

25. To address these challenges and to further reduce the burden of reporting, for fiscal year 2003, the UNFPA/UNAIDS/NIDI Resource Flows Project focused on a core group of 61 countries selected on the basis of population size, amount of population and AIDS expenditures, HIV/AIDS prevalence and regional representation. The sample covered 88 per cent of the population in developing countries and countries with economies in transition. Total global domestic expenditures for population activities were subsequently estimated for 2003 and 2004 and projected for 2005 using a methodology that incorporated the responses of this core group, together with prior reporting on actual and intended expenditures, and secondary sources on national spending; in the absence of such information, estimates and projections were based on national income as measured by the level of gross domestic product (GDP) which proved the most influential variable explaining the growth of spending by Governments.[8]

B. Estimates and projections of domestic expenditures

26. Table 2 presents estimates and projections of global domestic expenditures for population activities for 2003-2005. It shows a steady increase in domestic funding for population activities for almost all regions. The increase appears to be stronger between 2003 and 2004 than between 2004 and 2005. It is estimated that developing countries spent $11 billion for population activities in 2003. The largest amount was mobilized in Asia ($8.1 billion), followed by Latin America and the Caribbean ($1.7 billion), sub-Saharan Africa ($503 million), Western Asia and Northern Africa ($411 million) and Eastern and Southern Europe ($212 million).

27. Domestic expenditures are estimated to have increased to $12.5 billion in 2004 from $11 billion in 2003 and they are projected to increase again to $12.7 billion in 2005. Increases are expected in every region, except sub-Saharan Africa, which is expected to increase expenditures in 2004, but decrease funding levels slightly in 2005. Asia is expected to continue to mobilize the largest amount of financial resources in both 2004 and 2005. The pattern remains unchanged from 2003 to 2005: Latin America and the Caribbean is expected to mobilize the second largest amount of funds, followed by sub-Saharan Africa, Western Asia and Northern Africa, and Eastern and Southern Europe.

28. Roughly one fourth of all domestic expenditures for population are spent on STD/HIV/AIDS, with Latin America and sub-Saharan Africa spending about three quarters and just over one half of their funds, respectively, on AIDS. These figures are expected to remain virtually unchanged during 2003-2005.

Table 2
Projection of global domestic expenditures for population activities, by region, 2003-2005
(Thousands of United States dollars)

	Source of funds				
Year/region	*Government*	*NGOs*	*Consumers*[a]	*Total*	*Percentage spent on STD/HIV/AIDS*
2003					
Africa (sub-Saharan)	229 411	73 116	200 735	503 262	56.1
Asia and the Pacific	2 935 656	69 811	5 128 592	8 134 059	10.3
Latin America and the Caribbean	879 161	100 916	701 570	1 681 647	79.8
Western Asia and Northern Africa	235 416	31 179	144 546	411 141	17.4
Eastern and Southern Europe	149 679	8 235	54 184	212 098	44.5
Total	**4 429 324**	**283 256**	**6 229 626**	**10 942 206**	**24.0**
2004					
Africa (sub-Saharan)	277 663	133 476	242 955	654 093	57.8
Asia and the Pacific	3 268 048	131 262	5 709 281	9 108 591	12.3
Latin America and the Caribbean	957 181	137 580	763 830	1 858 591	73.7
Western Asia and Northern Africa	305 676	49 212	187 685	542 573	18.3

Year/region	Source of funds: Government	NGOs	Consumers[a]	Total	Percentage spent on STD/HIV/AIDS
Eastern and Southern Europe	205 211	14 562	74 286	294 059	45.6
Total	**5 013 779**	**466 091**	**6 978 037**	**12 457 907**	**24.9**
2005					
Africa (sub-Saharan)	261 097	136 128	228 460	625 685	55.2
Asia and the Pacific	3 336 461	134 496	5 828 797	9 299 753	13.0
Latin America and the Caribbean	963 946	138 957	769 229	1 872 132	73.4
Western Asia and Northern Africa	314 030	50 178	192 815	557 023	18.3
Eastern and Southern Europe	212 881	15 054	77 063	304 997	45.7
Total	**5 088 414**	**474 813**	**7 096 363**	**12 650 590**	**25.1**

Source: Hendrik van Dalen and Mieke Reuser, "Assessing size and structure of worldwide funds for population and AIDS activities", The Hague, 2004.

[a] Consumer spending on population activities covers only out-of-pocket expenditures and is based on the average amount per region, as measured by the World Health Organization (WHO) (2004), for health-care spending in general. For each region, the ratio of private out-of-pocket to per capita government expenditures was used to derive consumer expenditures in the case of population activities.

C. Components of domestic funding for population activities

29. Governments play a major role in financing population programmes. They are considered to be responsible for most domestic expenditures for population activities. However, since the level of government funding usually depends on the level of national income, Governments in least developed countries are least likely to afford large outlays for population activities. Poor countries faced with many competing development priorities simply cannot afford to make the necessary investments in population. As a result, population issues are often excluded from social and health sector programmes because there is not enough funding to go around, or because new priorities are surfacing without safeguards by which to ensure sustainability and expansion of existing programmes. National non-governmental organizations also contribute to the funding pool for population, but the majority of them are highly dependent on international resources. Their main role lies in advocacy work and in reaching people at the grass-roots level.

30. National Governments and non-governmental organizations are not the only sources of domestic expenditures for population activities. In fact, it is the consumers who actually spend the most. Private consumer expenditures account for a large percentage of total funding for health care. Although exact amounts of worldwide health-care spending for population activities are not known, it stands to reason that a significant proportion of expenditures for family planning, reproductive health and STD/HIV/AIDS services are borne by consumers. The few available sources of information on private spending reveal great variations between regions and countries and, in some cases, changes over time in the share of private spending within countries themselves. In constructing an expenditure estimate for the private sector, the UNFPA/UNAIDS/NIDI Resource Flows Project used out-of-pocket health expenditures of households from the national health account figures as

collected by the World Health Organization (WHO). The out-of-pocket health expenditures were assumed to be completely in line with out-of-pocket expenditures for population goods and services. Analysis shows that consumer spending, as measured by out-of-pocket expenditures, represents the largest part of resources spent on population activities.

31. It should be pointed out that figures for 2004 and 2005 are dependent on whether Governments follow the expected patterns of spending given past reported expenditures and levels of national income and whether they indeed live up to their commitments. Unforeseen factors, including the recent tsunami that devastated countries in Asia, will no doubt have a significant impact on domestic spending for population. On the other hand, the tragedy is expected to increase international assistance. It therefore remains to be seen whether total expenditures for population, including both donor and domestic funding, will be affected to any significant degree.

32. Although the global figure of domestic resource flows is a rough estimate, it is the most plausible one, given the fact that data are often incomplete and not entirely comparable. The information is useful in that it provides some idea of the progress made by developing countries, as a group, in achieving the financial resource targets of the Programme of Action of the International Conference on Population and Development. While the global total shows real commitment on the part of developing countries, it conceals the great variation that exists among countries in their ability to mobilize resources for population activities. Most domestic resource flows originate in a few large countries. Many countries, especially those in sub-Saharan Africa and the least developed countries, are not able to generate sufficient resources to finance their own population programmes and they rely heavily on donor assistance.

III. Resources for other population-related activities

33. Both donor and developing countries indicate that a significant amount of resource flows goes to other population-related activities that address the broader population and development objectives of the agenda of the International Conference on Population and Development, but that have not been costed and are not part of the agreed target of $18.5 billion for 2005. Among the population-related activities that countries support include: poverty alleviation, primary health care delivery systems, child health and survival, basic education, including girls' and women's education, empowerment of women, rural development and income-generation. Since they are not part of the costed population package, funding for such activities is not included in the calculations of international population assistance and domestic resources for population. If the amount of resources spent on these activities were added to expenditures for the costed population package, the overall level of support to the Programme of Action of the International Conference on Population and Development would be considerably higher.

IV. Developments in the mobilization of resources for population activities

34. Systematic monitoring of the financial resources mobilized for population activities in developing countries points to a number of interesting developments, namely (a) a pronounced shift towards funding for STD/HIV/AIDS at the expense of other population activities; (b) the major funding role of a relatively small number of donors; (c) the mobilization of the majority of global domestic resources by a small number of developing countries; (d) the important role of consumer spending in domestic expenditures; (e) escalating current needs and costs as compared with original 1993 cost estimates; and (f) the challenge of funding for family planning and reproductive health services in the context of the Millennium Development Goals.

35. Funding for STD/HIV/AIDS as a proportion of total population assistance has increased steadily since 1995, when UNFPA first began to monitor expenditures according to the four population categories of the Programme of Action of the International Conference on Population and Development, from 9 per cent to 47 per cent in 2003. It is projected to reach well over half of total population assistance by 2005. It seems that the other three elements of the Conference costed population package are not getting the attention that they deserve because of the drive to fight AIDS. This is especially evident in the case of funding for family planning, where absolute dollar amounts are lower than they were in 1995. The proportion of total population assistance for family planning services declined from 55 per cent in 1995 to 13 per cent in 2003 and is not expected to increase in 2004 and 2005. If not reversed, the trend towards less funding for family planning will have serious implications for countries' ability to address unmet need for such services and could undermine efforts to prevent unintended pregnancies and reduce maternal and infant mortality. The shift towards funding for STD/HIV/AIDS is expected to be especially prominent among donor countries. With the United States making firm commitments to finance HIV/AIDS projects through the United States President's Emergency Plan for AIDS Relief initiative, it is expected that 66 per cent of donor funds will be allocated to STD/HIV/AIDS activities in 2005. It is interesting to note that the adopted Conference targets for 2005 were 8 per cent of total population assistance for STD/HIV/AIDS, 62 per cent for family planning services, 29 per cent for basic reproductive health services and 1 per cent for basic research, data and population and development policy analysis. At that time, no one had foreseen the escalation of the AIDS pandemic. In 1994, 14 million people were said to be living with HIV/AIDS; in 2004, according to the latest AIDS epidemic update of UNAIDS (for December 2004), this number had increased 186 per cent to almost 40 million.

36. The attainment of the financial goals of the International Conference on Population and Development is driven to a large extent by the funding behaviour of a few major players, since most resources originate with a few large donors. For example, the United States is projected to provide $3.2 billion, or more than half of total donor contributions, in 2005.

37. Most domestic resources for population originate in a few large developing countries. For example, China is expected to spend $1.7 billion for family planning in 2005, accounting for one third of all domestic government spending. Most developing-country Governments are not in a position to generate adequate resources to fund much-needed population and AIDS programmes in their countries.

38. Although not easy to track, the role played by consumers in mobilizing resources is much larger than usually assumed — in many cases, surpassing by far government and non-governmental organization expenditures for population. Although variations exist between regions and countries, if spending on population and AIDS activities is completely in line with spending on health in general, then it is safe to assume that consumers in developing countries assume more than half of the burden of population expenditures. Out-of-pocket spending by consumers, especially the poor, has important implications for policy initiatives aimed at reducing poverty and income inequality in the developing world.

39. The financial targets of the International Conference on Population and Development were fixed over 10 years ago, with cost estimates based on experiences as of 1993. Since that time, the population and health situation in the world has changed dramatically. The HIV/AIDS crisis is far worse than anticipated, and infant, child and maternal mortality remains unacceptably high in many parts of the world. In addition, since that time, health-care costs have skyrocketed. Furthermore, the value of the dollar in 2005 is far lower than it was in 1993. The Programme of Action stated that the estimates should be reviewed and updated on the basis of a comprehensive approach as outlined in the Cairo agenda. The question is: Will the Conference target of $18.5 billion in 2005 be sufficient to meet developing countries' increased demands in the area of family planning, reproductive health, STD/HIV/AIDS and basic research, data and population and development policy analysis in order "to promote and accelerate social and economic development, improve the quality of life for all, foster equity and full respect for individual rights and, by so doing, contribute to sustainable development" (para. 13.21 of the Programme of Action).

40. Reproductive health is not explicitly included in the Millennium Development Goals. Yet, as stated by Secretary-General Kofi Annan in his message to the ministerial segment of the Fifth Asian and Pacific Population Conference (Bangkok, 16 December 2002): "The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning." (Press release SG/SM/8562 of 17 December 2002.) The international community's commitment to achieving the Millennium Development Goals needs to incorporate the universal reproductive health services target of the International Conference on Population and Development so that funding for family planning and reproductive health services is secured along with increased funding for HIV/AIDS.

41. On 7 June 2004, in the "New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health", participants at the high-level global consultation convened by UNFPA and UNAIDS, in collaboration with Family Care International, at the Rockefeller Foundation in New York, called for, inter alia, reaffirming the linkages between HIV/AIDS and sexual and reproductive health, and their interrelationships with broader issues of public health, development and human rights, as agreed by the international community in a series of commitments including the Programme of Action of the International Conference on Population and Development, the United Nations Millennium Declaration (see General Assembly resolution 55/2) and the Declaration of Commitment on HIV/AIDS (Assembly resolution S-26/2, annex); ensuring that those linkages were addressed

within existing national development plans and budgets, including health sector reforms, Poverty Reduction Strategy Papers (PRSPs), sector-wide approaches and United Nations instruments such as the Common Country Assessment and the United Nations Development Assistance Framework; and mobilizing the necessary resources to support increasing linkages between HIV/AIDS and sexual and reproductive health programmes and services.

42. It is worth noting that in October 2004 at the special meeting of the General Assembly to mark the tenth anniversary of the International Conference on Population and Development, the member States of EU and the European Commission pledged $75 million for reproductive health commodity security for 2005.

V. Conclusion

A. Progress in resource mobilization

43. **The goal of the International Conference on Population and Development of mobilizing $17 billion for implementing reproductive health programmes by the year 2000 had not been met. Resources directed to the implementation of the Programme of Action of the International Conference on Population and Development have increased since 1994 but not at the level required to implement the Cairo objectives. Both donors and developing countries fell short of the agreed targets. By 2003, donor funding stood at $4.2 billion and domestic resources were estimated at $11 billion. Although the increase is seen as an encouraging sign indeed, for many less developed countries that cannot generate sufficient resources, the lack of adequate funding remains the chief constraint on the full implementation of the Programme of Action and on attaining the goals of the Cairo agenda.**

44. **The increase in official development assistance (ODA) to developing countries following the adoption of the Monterrey Consensus of the International Conference on Financing for Development[9] shows that it is possible to substantially increase resources to meet required targets. A number of countries are already providing 4 per cent of ODA to population assistance, demonstrating that, given the will to do so, this is feasible for all donors.**

45. **If donors live up to their stated future commitments, projections for 2005 show that, thanks in large part to the increase in funding for HIV/AIDS of major donors and consumer spending in developing countries, the target of $18.5 billion will be achieved. Indeed, if projections are correct, donors will have contributed $6.4 billion of the targeted $6.1 billion and developing countries will have mobilized $12.7 billion, a figure larger than the target of $12.4 billion. Thus, both donors and developing countries will have surpassed the financial goals of the International Conference on Population and Development for 2005. The real concern is whether these amounts will be sufficient to meet the family planning and reproductive health needs, given that most of the increase would be due to increases in HIV/AIDS funding.**

B. Key areas requiring further attention

46. Continued resource mobilization advocacy efforts on the part of both donors and developing countries are essential to fully implement the agenda of the International Conference on Population and Development. The population and health situation has changed dramatically since the Conference, especially in respect of poverty and reproductive health, and the magnitude of the spread of the HIV/AIDS pandemic. To accelerate the implementation of the Cairo agenda, especially its financial resource targets, and to achieve the Millennium Development Goals, the international community should renew efforts to:

- Strengthen political will and commitment to implementing the Cairo financial targets so as to achieve the Conference goals as an integral part of the implementation of the Millennium Development Goals.
- Continue to mobilize sufficient resources to fully implement the Programme of Action of the International Conference on Population and Development and ensure that the percentage increase for family planning and reproductive health is in line with agreed percentages.
- Ensure that addressing population and reproductive health issues is seen as an integral part of the achievement of the Millennium Development Goals and that they figure prominently in national development plans and poverty reduction strategies.
- Ensure that family planning and reproductive health issues receive the attention they deserve at a time when the increased focus is on combating HIV/AIDS.
- Establish an effective partnership of donor and recipient countries based on mutual trust, accountability and donor coordination in support of country goals.
- Increase attention to cost-effectiveness and programme efficiency so that resources reach all segments of the population, especially those that are most in need.
- Enhance the role of the private sector in the mobilization of resources for population and development, in monitoring population expenditures and in ensuring that financial targets and equity objectives are met.

47. The Cairo population and reproductive health agenda is a means to both influence macrodemographic change and reduce poverty at the household level. The challenge before the international community is to remain on track for reaching the 2005 financial targets of the International Conference on Population and Development for donors and developing countries. It is particularly important to reach the ODA target of 0.7 per cent of gross national product (GNP) and to ensure that appropriate resources are allocated to population and reproductive health in the new funding and programming mechanisms such as sector-wide approaches and poverty reduction strategies. It is also important that adequate resources be allocated to all areas of the costed population package of the International Conference on Population and Development: family planning services, reproductive health services,

STD/HIV/AIDS and basic research, data and population and development policy analysis.

Notes

[1] See *Official Records of the Economic and Social Council, 1995, Supplement No. 7* (E/1995/27), annex I, sect. III.

[2] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[3] All references to developing countries in this report also include countries with economies in transition.

[4] Case studies have been conducted in the following countries: Brazil, China, Egypt, Ethiopia, India, Indonesia, the Islamic Republic of Iran, Nigeria, Pakistan, Peru, Poland, Senegal, South Africa, Thailand and the United Republic of Tanzania.

[5] Beginning with the 1999 round of questionnaires, the UNFPA/UNAIDS/NIDI Resource Flows Project began to include data on HIV/AIDS treatment and care to address the growing reporting needs of UNAIDS and because it was becoming increasingly impossible for respondents to provide information on HIV/AIDS prevention activities only.

[6] All references to dollars signify United States dollars.

[7] Note should be made of the currency fluctuations in the course of 2003 that may have played a role in the increase in terms of the United States dollar. The exchange rate explains part, but not all, of the increase, since 13 countries actually increased contributions in local currency. One country began reporting in euros for the first time in 2003.

[8] See Hendrik van Dalen and Mieke Reuser, "Assessing size and structure of worldwide funds for population and AIDS activities", The Hague, 2004.

[9] *Report of the International Conference on Financing for Development, Monterrey, Mexico, 18-22 March 2002* (United Nations publication, Sales No. E.02.II.A.7), chap. I, resolution 1, annex.

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Contribution of the implementation of the Programme of Action of the International Conference on Population and Development, in all its aspects, to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration

Report of the Secretary-General

Summary

The present report has been prepared in response to decision 2004/1 of the Commission on Population and Development in which the Commission decided to consider in 2005 the contribution of the implementation of the Programme of Action of the International Conference on Population and Development, in all its aspects, to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration.

This report concludes that full implementation of the Programme of Action will significantly contribute to the achievement of the universally agreed development goals, including those contained in the Millennium Declaration.

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Introduction

1. The outcomes of the United Nations conferences convened during the 1990s set an ambitious development agenda reaffirmed by the United Nations Millennium Declaration[1] in September 2000. The 1994 International Conference on Population and Development, being one of the major United Nations conferences of the decade, addressed all population aspects relevant for development and provided in its Programme of Action[2] a comprehensive set of measures to achieve the development objectives identified. Given the crucial importance of population factors for development, the full implementation of the Programme of Action and the key actions for its further implementation[3] will significantly contribute to the achievement of the universally agreed development goals, including those in the Millennium Declaration. The present report discusses the relevance that particular actions contained in those documents have for the attainment of universally agreed development goals, including the Millennium Development Goals. It also describes the key population trends relevant for development and the human rights basis that underpins key conference objectives and recommendations for action.

I. Population trends relevant for development

2. The goal of development is to improve the quality of life of all people. In that sense, population is at the core of development. In 2005, 753 million, or 11 per cent, of the 6.5 billion inhabitants of the world live in the least developed countries. Between 2005 and 2015, the least developed countries as a whole are expected to absorb nearly a quarter of all population growth in the world. High fertility levels characterize the majority of the least developed countries. Consequently, their populations are still young, with 39 per cent of their inhabitants being children under age 15. Levels of extreme poverty in most of the least developed countries are high: over 20 per cent of their overall population live in extreme poverty, surviving on less than US$ 1 per day, and in 10 of them that proportion is higher than 40 per cent. Although fertility levels have started to decline in some of the least developed countries, the desired number of children remains high. Nevertheless, in the majority of the least developed countries, the number of children that women have surpasses the number desired, suggesting that universal provision of family planning services could result in a reduction of unwanted fertility.

3. The rest of the developing world, whose population amounts to 4.5 billion, includes the two population giants: China, with 1.3 billion people, and India, with 1.1 billion. In China, fertility is already well below 2 children per woman, whereas in India it is about 3 children per woman. The process of population ageing is therefore more advanced in China, where nearly 10 per cent of the population are aged 65 years or over. In India, the equivalent proportion is 5 per cent. However, China has a smaller proportion of children (22 per cent) than India (29 per cent) and China's dependency ratio, that is to say, the number of children and elderly persons per 10 persons of working age, is 4 compared with India's dependency ratio, which is 6. In both countries, the proportion of persons living in extreme poverty is significant, but the proportion in China (17 per cent) is about half that in India (35 per cent).

4. Most countries of Latin America and the Caribbean are already far advanced in the transition to low fertility. Average fertility in the region is currently 2.5 children

per woman. Children under age 15 account for 30 per cent of the population and persons aged 65 years or over account for 6 per cent. There are about 6 dependants (children and the elderly) per every 10 adults of working age and that ratio is expected to continue declining as fertility falls even further. Although levels of extreme poverty tend to be below 10 per cent in most of Latin America and the Caribbean, countries in Central America tend to have higher levels of extreme poverty and most Latin American countries are characterized by the prevalence of very unequal income distributions. A major concern in the region is therefore the reduction of this inequality.

5. Population trends vary considerably in the remaining developing countries, with current fertility ranging from less than 1.5 children per woman in Armenia, Georgia and the Republic of Korea to over 5 children per woman in the Congo and Nigeria. On average, these countries have a fertility of about 4 children per woman, considerably higher than that in Latin America and the Caribbean and in India. Because of the higher average fertility of these countries, the proportion of children in their population stands at 35 per cent, whereas the proportion of elderly amounts to just 3 per cent. The number of dependants per 10 adults of working age is 7, close to the value of 8 in the least developed countries. Hence, like the least developed countries, the higher-fertility countries in this group would most likely benefit from increased efforts to reduce unwanted fertility. The countries in this group located in sub-Saharan Africa tend to have high levels of extreme poverty, often surpassing 20 per cent, while levels of extreme poverty tend to be lower in the Asian and Northern African countries in this group.

6. In developed countries, fertility declined much earlier than in the developing world and has been very low (below 2 children per woman) since the 1980s. Consequently, population declined in 17 developed countries during 2000-2005 and during 2005-2015 will do so in 25 of them, including Italy, the Russian Federation and Ukraine. Furthermore, population ageing is more advanced in developed countries, where over 15 per cent of the population is aged 65 years or over and just 17 per cent is under age 15. The dependency ratio in the developed world is currently under 5 children and elderly persons per 10 adults of working age but it is rising and is expected to reach 7 by 2050.

7. Rising dependency ratios are also expected in China over the next 40 years but not in India, Latin America and the Caribbean and the rest of the developing world taken as a whole. In all groups and regions, however, the proportion of elderly is expected to rise as the proportion of children falls with declining fertility. The expected reductions in fertility are consistent with the continued implementation of the Programme of Action of the International Conference on Population and Development and would be less likely to materialize in certain regions if the objective of providing family planning services to all who needed and wanted them was not met.

8. The world today encompasses, therefore, countries at all stages of the demographic transition, that is to say, the transition from a regime of high fertility and high mortality producing low population growth to one where both fertility and mortality are low and produce again low rates of population change. The fact that, during the transition, mortality reductions usually precede fertility reductions leads to a period of rapid population growth. The end of that period of rapid growth has been reached or is within reach of about two fifths of humanity today. Another two

fifths of the world population is already advanced on the path to lower population growth, but the remaining fifth is still growing very rapidly, largely because it has barely begun the transition to low fertility. Furthermore, for all the countries that are highly affected by the HIV/AIDS epidemic, the transition to lower mortality has been interrupted, and the epidemic is having major detrimental effects on both population trends and socio-economic development. Bearing this context in mind is therefore crucial in assessing to what extent the implementation of the Programme of Action can contribute to the achievement of the agreed development goals, since its recommendations for action are not equally relevant for all countries.

II. Importance of human rights

9. Respect for human rights underpins the attainment of development because if a person's human rights are not safeguarded and respected that person's well-being is undermined. The Programme of Action underscores the importance of human rights by reiterating several of them in the principles set forth in its chapter II. Furthermore, a number of objectives and recommendations contained in the Programme of Action are justifiable not only because they lead to development or have positive impacts on the socio-economic status of people, but because they are an expression of the fundamental rights of the individual. For instance, article 26 of the Universal Declaration of Human Rights[4] states that "(e)veryone has the right to education" and that "(e)lementary education shall be compulsory". Both the Programme of Action and the Millennium Development Goals reaffirm this right in setting out the goal of achieving universal primary education for both girls and boys by 2015. Similarly, article 24 of the Convention on the Rights of the Child[5] calls for a reduction of infant and child mortality; appropriate prenatal and post-natal care for mothers; and the development of preventive health care, guidance for parents and family planning education and services. The Programme of Action contains specific recommendations and goals to make these rights a reality, goals that are consistent with those included in the Millennium Development Goals with regard to the reduction of mortality in childhood and the improvement of maternal health.

10. A key aspect of the Programme of Action is its emphasis on measures to advance gender equality and equity and the empowerment of women as a matter of right. As with education, this goal is important in itself and need not be justified in terms of its likely impact on development. The Programme of Action underscores that the "human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights" (chap. II, principle 4). Such a recognition is also reflected in the Millennium Development Goal of promoting gender equality and the empowerment of women.

11. In sum, implementing the Programme of Action in all its aspects would not only contribute to the attainment of a number of universally agreed development goals but also ensure that all people enjoy fully certain key human rights.

III. Contribution of the Programme of Action of the International Conference on Population and Development to the achievement of universally agreed development goals

12. The overriding goal of the Programme of Action, namely, to improve human welfare and promote sustainable development, is fully consistent with the universally agreed development goals and the United Nations Millennium Declaration. Indeed, some goals are almost identical in the Programme of Action and the Millennium Declaration like those, for instance, pertaining to the reduction of child mortality, the improvement of maternal health and the universal access to primary education. In general, the measures recommended in the Programme of Action and the key actions for its further implementation provide a more comprehensive, explicit and detailed set of guidelines than those implied by the Millennium Development Goals. In addition, the Programme of Action recognizes and makes explicit the synergies existing among the various development goals, so that they are mutually reinforcing. For instance, the reduction of poverty can have significant positive effects on the increase of educational attainment and the improvement of health, and achievement of the latter two would reinforce the reduction of poverty.

A. Achieving sustainable development and ensuring environmental sustainability

13. The key development goal for the international community is to achieve sustainable development as a means to ensure human well-being, equitably shared by all people today and in the future. The Programme of Action also has this as an overriding goal. According to the Programme of Action, the achievement of sustainable development requires that the interrelationships between population, resources, the environment and development be fully recognized, properly managed and brought into a harmonious, dynamic balance (principle 6). Because population is expected to increase substantially, especially in developing countries, the Programme of Action recognizes the usefulness of achieving a lower population growth as early as possible. It notes that in many countries, slower population growth has bought more time to adjust to future population increases, improving the ability of those countries to combat poverty, protect and repair the environment, and set the conditions for sustainable development (para. 3.14). Even the difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life (ibid.).

14. Consequently, the Programme of Action calls for the formulation of development strategies that realistically reflect the short-term, medium-term and long-term implications of population dynamics (para. 3.5) by integrating population into development and environment programmes that take into account patterns of production and consumption and seek to bring about population trends consistent with the achievement of sustainable development and the improvement of the quality of life (para. 3.6).

15. The Programme of Action notes that, to ensure the economic well-being of growing populations, investment in human resource development must be given priority, by increasing access to, inter alia, information, education, skill

development and employment opportunities (para. 3.17). It particularly underscores that existing inequities and barriers to women in the workforce should be eliminated and that women's access to productive resources, and ownership of land, and their right to inherit property, should be promoted and strengthened (para. 3.18). It encourages Governments and the private sector to foster job creation in all sectors by expanding trade and investment on an environmentally sound basis, increasing investment in human resource development, and developing democratic institutions and good governance (para. 3.21). Full implementation of these measures would contribute significantly to promoting development.

16. One of the major development goals is to ensure environmental sustainability, particularly by integrating the principles of sustainable development into country policies and programmes, so as to reverse the loss of environmental resources. The Programme of Action recognizes that meeting the basic human needs of growing populations is dependent on a healthy environment and it provides guidance on how to address the human dimensions of pressures on the environment. However, it also recognizes that "(d)emographic factors, combined with poverty and lack of access to resources in some areas, and excessive consumption and wasteful production patterns in others, cause or exacerbate problems of environmental degradation and resource depletion and thus inhibit sustainable development" (para. 3.25). To prevent or reverse these outcomes, the Programme of Action supports the objectives and actions agreed to in Agenda 21[6] and recommends that Governments "(i)mplement policies to address the ecological implications of inevitable future increases in population numbers and changes in concentration and distribution, particularly in ecologically vulnerable areas and urban agglomerations" (para. 3.29 (e)). This recommendation, in conjunction with the call for the integration of "demographic factors into environment impact assessments and other planning and decision-making processes aimed at achieving sustainable development" (para. 3.29 (a)), is fully consistent with the Millennium Development Goals and underscores the importance of population aspects in the pursuit of sustainable development. In this regard, although the Programme of Action recognizes that further increases in population numbers are inevitable, particularly in the poorer and most vulnerable countries, the implementation of its call for universal access to family planning services is expected to contribute to a reduction in the growth of the world's population.

B. Eradication of poverty

17. The Programme of Action recognizes that "(w)idespread poverty remains the major challenge to development efforts. Poverty is often accompanied by unemployment, malnutrition, illiteracy, low status of women, exposure to environmental risks and limited access to social and health services ... including family planning. All these factors contribute to high levels of fertility, morbidity and mortality, as well as to low economic productivity. Poverty is also closely related to inappropriate spatial distribution of population, to unsustainable use and inequitable distribution of such natural resources as land and water, and to serious environmental degradation" (para. 3.13). The Programme of Action stresses that sustained economic growth in the context of sustainable development is essential to eradicating poverty, which in turn will contribute to slowing population growth and to achieving early population stabilization (para. 3.15).

18. In addition, research carried out during the 1990s has shown that changes in the age distribution of a population resulting from declining fertility can help accelerate economic growth. As fertility declines, the proportion of the population comprising children (persons under age 15) also declines, whereas the proportion of the population of working age increases, resulting in a decreasing dependency ratio (defined as the average number of children and elderly persons per 10 persons of working age). Provided jobs are available for the rising number of workers, a country can reap the benefits of increased production and lower costs associated with the decreasing proportion of dependants. This so-called demographic bonus can thus contribute significantly to economic growth and poverty reduction in contexts where governance facilitates human resource development and employment creation. The experience of the newly industrializing countries in Asia provides an example of this outcome. However, over the long run, the demographic bonus dissipates as the population continues to age and the dependency ratio rises again because of increasing proportions of elderly persons.

19. Implementation of the Programme of Action, particularly of measures to ensure that family planning services are affordable, acceptable and accessible to all who need and want them, can help reduce unwanted fertility, especially in the high-fertility countries of today, and thus trigger the process that gives rise to the demographic bonus. Because most of those high-fertility countries are among the least developed countries where levels of extreme poverty are high, the advantages that can be brought by the demographic bonus can also contribute to the reduction of poverty. However, realizing those advantages requires that economic growth be possible in the countries involved and that it be accompanied by substantial job growth.

20. Not all countries experiencing a decline of fertility have seen economic growth increase markedly as a result of the demographic bonus. Many of the countries in Latin America, for instance, have experienced slow economic growth despite being fairly advanced in the transition to low fertility. Most of them are middle-income countries where levels of extreme poverty are low. Relative poverty, however, is significant. Consequently, in addition to the positive effects that the demographic bonus might still have on economic growth, measures adopted to improve income distribution — for instance, income-generation and employment strategies directed to the poor, as suggested by the Programme of Action — would be of benefit to these countries.

21. The Programme of Action also recognizes that high priority should be given "to meeting the needs, and increasing the opportunities, for information, education, jobs, skill development and relevant reproductive health services, of all underserved members of society" (para. 3.19), who generally include the poor in both urban and rural areas. Its full implementation would therefore contribute to the reduction of inequalities within societies.

22. Compared with the objectives of the Programme of Action regarding poverty eradication, the Millennium Development Goal target relative to the eradication of extreme poverty is more modest, calling for a 50 per cent reduction, between 1990 and 2015, of the proportion of people living on less than US$ 1 a day. The countries most likely to contribute to the attainment of this goal at the global level, China and India, are both beneficiaries of the demographic bonus. Countries whose fertility is still high and where the proportion of the population living in extreme poverty is

also substantial would benefit from reductions of fertility brought about by the prevention of unwanted births, which the Programme of Action aims to achieve, but they cannot expect to attain the Millennium Development Goal target without implementing other macroeconomic measures to raise economic growth, create jobs and increase the income share of the poor.

23. Implementation of the Programme of Action can also contribute to the reduction of poverty by preventing pregnancy among young adolescents, reducing maternal mortality, and slowing the spread of HIV. Single adolescent women who become pregnant are more likely to drop out of school, thus compromising their future earning capacity and becoming more likely to end in poverty. Maternal mortality and the mortality of parents due to HIV/AIDS often lead to or exacerbate poverty.

24. The Programme of Action also acknowledges that international migration can have significant positive impacts on development, especially through remittances. Remittances have become the second largest source of foreign exchange for developing countries, following foreign direct investment (FDI). Furthermore, remittance levels are double those of official development assistance (ODA). Remittances benefit both the families that receive them and their communities through multiplier effects and may therefore contribute to the reduction of extreme poverty even if the very poor do not migrate.

C. Reduction of hunger

25. Because poverty and malnutrition often go together, sustained economic growth broadly shared is also necessary to reduce hunger, particularly in the least developed countries. The Programme of Action acknowledges the importance of attaining food security at all levels and calls for measures to strengthen food, nutrition and agricultural policies and programmes, and fair trade relations (para. 3.20). The Millennium Development Goal target of reducing by half, between 1990 and 2015, the proportion of people suffering from hunger is consistent with this call. Because there is no shortage of food worldwide, combating hunger implies providing people with the means of acquiring food. Fair trade is necessary to achieve this objective, since agricultural subsidies in developed countries distort world prices and hurt farmers in developing countries, thereby contributing to high rural poverty in the latter. In sub-Saharan Africa, where population growth has surpassed increases in agricultural productivity, food availability per capita has dropped, leading to rises in malnutrition and hunger. In that region, increases in agricultural productivity, reductions in population growth, improved governance and economic growth would together serve to reduce poverty and hunger.

26. Implementation of other recommendations in the Programme of Action — including improvements in education and gender equality, the achievement of better child health, the implementation of policies to address the impact of HIV/AIDS and urban poverty, and the provision of reproductive health services that reduce both unwanted fertility and maternal mortality — can also contribute to reducing hunger. Studies have shown that a mother's low educational attainment is the factor most consistently related to malnutrition among children in developing countries. With more education, as called for in the Programme of Action, women are better able to ensure the health and proper nutrition of their children. Enhancing the status of

women, particularly by providing them with access to income and resources, can also result in better intra-household distribution of food, thus preventing female malnutrition. Lastly, measures to prevent the spread of HIV are crucial in forestalling the potentially devastating effects that the HIV/AIDS epidemic, by debilitating or reducing the agricultural labour force, can have on agricultural productivity.

D. Achievement of universal primary education

27. The Programme of Action stresses the importance of achieving universal education by 2015, especially of girls (para. 11.6) and calls for the extension of education for all to the secondary and higher levels (paras. 11.6, 11.8 and 4.18). Thus, the goals regarding education set by the Programme of Action are similar to, but more ambitious than, the target for Millennium Development Goal 2, which is to ensure that universal primary education is achieved by 2015. By calling for the extension of education to the secondary level as well, the Programme of Action, if fulfilled, would accrue substantial benefits that could contribute to the attainment of other development goals, including the reduction of poverty and hunger through the effects that improvements in human capital might bring; the reduction of child mortality, of maternal mortality and of the spread of HIV; the promotion of gender equality and the empowerment of women; and the facilitation of sustainable development and possibly the conservation of natural resources. Gaining more education would also enhance the ability of young persons to use information technologies.

28. Improving educational attainment, particularly of girls, would also have an impact on population dynamics, since education is known to influence demographic behaviour with respect to nuptiality, fertility, health and migration. Education also affects the inter-generational formation of human capital, with the education of mothers influencing the educational attainment of children. Conversely, high fertility and rapid population growth have hindered the achievement of universal primary education in many developing countries, especially the least developed. Early marriage and pregnancy among adolescent women often curtail their education. Implementation of the Programme of Action, by preventing early marriage and pregnancy as well as unwanted births, would contribute to achieving universal primary education.

E. Gender equality and the empowerment of women

29. Both the Programme of Action and the United Nations Millennium Declaration call for the achievement of gender equality and the empowerment of women, recognizing that both are important in combating poverty, hunger and disease and in achieving sustainable development. However, the Programme of Action sets a broader agenda and provides more detailed guidance on how to achieve that goal, not only focusing on measures to improve the status of women but also including recommendations on the involvement and participation of men in realizing gender equality.

30. With regard to women, the Programme of Action stresses the importance of increasing their equal participation and equitable representation at all levels of the

political process; of improving their ability to earn income in occupations beyond the range of traditional ones so as to achieve economic self-reliance; and of ensuring their equal access to the labour market and social security systems; of ensuring their equal rights to buy, hold and sell property and land, obtain credit and negotiate contracts in their own name, and exercise their right to inheritance (paras. 4.4 and 4.6). The Programme of Action also underscores the need to eliminate all practices that discriminate against women and all forms of violence against women or girls (paras. 4.5, 4.9 and 4.10). Furthermore, it points out repeatedly that actions to enhance the welfare of people should be particularly tailored to meeting the needs of women and girls.

31. With respect to education, the Programme of Action states that "(e)ducation is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully in the development process" (para. 4.2). It therefore urges countries to ensure the widest and earliest possible access of girls and women to secondary and higher levels of education, as well as to vocational education and technical training. It also calls for the closing of the gender gap in primary and secondary education by 2005 (para. 11.8), providing guidelines on measures to keep girls and adolescents in school. Its implementation would therefore result in the elimination of gender disparities in primary and secondary education as called for by the Millennium Development Goals.

32. Acknowledging that "full participation and partnership of both women and men are required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household" (para. 4.1), the Programme of Action puts considerable emphasis on the gender aspects of reproductive life, especially in relation to the maintenance of reproductive health and access to reproductive health-care services, including family planning. For women, having access to affordable, acceptable and convenient reproductive health-care services is essential to having control over their reproductive lives and to ensuring that the timing of their pregnancies fits with their family, education and work plans. Realizing the reproductive rights of women is therefore essential for their empowerment. However, according to the objectives stressed by the Programme of Action, both women and men should "have access to the information, education and services needed to achieve good sexual health and exercise their reproductive rights and responsibilities" (para. 7.36 (b)) and it is also important "to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes" (para. 4.27).

33. In essence, full implementation of the Programme of Action entails both the empowerment of women in all spheres of life and a greater involvement of men in the exercise of reproductive rights and responsibilities. The achievement of gender equality in those terms would not only be consistent with the improvement of the status of women as called for in the Beijing Platform for Action,[7] but also contribute to enhancing economic growth and reducing poverty through the growing and more productive participation of women in the economy; to reducing child mortality and improving maternal health because of the increasing education and decision-making

power of women; and to reducing the transmission of HIV by improving the willingness of men and women to accept responsibility for their own and their partner's sexual health.

F. Improvement of health

34. Good health is essential for the well-being of individuals and societies. In countries where poor health is common, labour productivity suffers. High rates of morbidity and mortality are still common in many low-income countries, especially those highly affected by infectious diseases such as HIV/AIDS, malaria and tuberculosis. A major goal of the international community is to provide access to primary health-care services to all and to reduce the risks of contracting the major infectious diseases. The Programme of Action calls upon all countries to provide primary health care to all and to make efforts to ensure a longer and healthier life for their populations. It sets quantitative goals urging high-mortality countries to achieve a life expectancy at birth greater than 70 years by 2015 and the rest to achieve a life expectancy at birth greater than 75 years by the same date (para. 8.5). Achievement of those goals would imply that major progress had been made in combating the major causes of death in poor countries and in providing adequate sanitation and health services to most people on the planet. The full implementation of the Programme of Action would ensure access to health-care services for all people and especially for the most underserved and vulnerable groups.

1. Reducing mortality in childhood

35. The Programme of Action urged that by 2000, under-five mortality should be reduced by one third or to a maximum of 70 deaths per 1,000 births in all countries, and that under-five mortality should decline to below 45 deaths per 1,000 births in all countries by 2015 (para. 8.16), a goal consistent with the United Nations Millennium Declaration's goal of reducing under-five mortality by two thirds between 1990 and 2015. The measures proposed to achieve this goal are summarized in the key actions for the further implementation of the Programme of Action as follows: Governments should continue to support reductions in child mortality "by strengthening infant and child health programmes that emphasize improved prenatal care and nutrition, including breastfeeding, unless it is medically contraindicated, universal immunization, oral rehydration therapies, clean water sources, infectious disease prevention, reduction of exposure to toxic substances, and improvements in household sanitation; and by strengthening maternal health services, quality family-planning services to help couples to time and space births, and efforts to prevent transmission of HIV/AIDS and other sexually transmitted diseases" (para. 18 (a)). Clearly, implementation of these measures would contribute to the attainment of the goals set.

36. Other measures included in the Programme of Action whose implementation would also contribute to the reduction of child mortality are: the reduction of poverty; the increase of educational attainment, especially among women; the improvement of maternal health; the promotion of the empowerment and equality of women; and the reduction of the spread of HIV/AIDS. These measures, which are consistent with several of the goals contained in the United Nations Millennium Declaration, illustrate the synergies existing between the mutually reinforcing development goals and actions recommended by the Programme of Action.

2. Improving maternal health

37. Ensuring women's health is a major concern of the Programme of Action. In that respect, its implementation would contribute to realizing the basic right contained in article 12 of the Convention on the Elimination of All Forms of Discrimination against Women,[8] which states:

> "1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of healthcare in order to ensure, on a basis of equality of men and women, access to health-care services, including those related to family planning.
>
> "2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation."

38. To realize this right, the Programme of Action calls for an expansion of "the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood, prenatal care that is focused and effective, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care; and family planning. All births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants" (para. 8.22). In addition, the Programme of Action urges countries to reduce maternal mortality by one half between 1990 and 2000, and by a further one half by 2015 (para. 8.21). This goal is equivalent to that of reducing the maternal mortality ratio by 75 per cent between 1990 and 2015 as called for by the United Nations Millennium Declaration, that is to say, implementation of the Programme of Action would fulfil the Millennium Declaration goal.

39. A key preventive measure to reduce a woman's lifetime probability of dying from pregnancy-related causes is to ensure access to family planning to avoid unwanted pregnancies. In addition, the presence of a trained attendant at delivery and access to emergency obstetric care are essential to preventing deaths occurring because of complications during delivery. Providing access to quality services for the management of complications arising from abortion and offering post-abortion counselling, education and family planning services so as to help prevent repeat abortions (para. 8.25), are also measures needed to reduce the risks of maternal death. The avoidance of early marriage and of pregnancy among very young women is also conducive to the reduction of maternal mortality (para. 8.24), as are strategies to reduce the spread of HIV. The Programme of Action calls for all these actions and also notes that, to enhance the effectiveness of programmes for the improvement of maternal health, it is important to engage men's support (para. 8.22).

40. The implementation of all these measures and the achievement of lower maternal mortality, particularly among the vulnerable and underserved population groups, would improve not only the health of women, but also that of their children, and the well-being of their families, thus contributing to reducing child mortality and malnutrition.

3. Combating HIV/AIDS, malaria and other diseases

41. The Programme of Action recognizes that infectious and parasitic diseases continue to be a major affliction of large numbers of people. To combat them, it suggests that developing countries be assisted in producing generic drugs for their domestic markets so as to ensure the wide availability and accessibility of such drugs (para. 8.9). This recommendation is complementary to the call in the United Nations Millennium Declaration for the pharmaceutical industry to make essential drugs more widely available to and affordable by all who need them in developing countries. In addition, the Programme of Action calls upon all countries to ensure "a safe and sanitary living environment for all population groups through measures aimed at avoiding crowded housing conditions, reducing air pollution, ensuring access to clean water and sanitation, improving waste management, and increasing the safety of the workplace" (para. 8.10). Although no explicit mention is made of the provision of insecticide-treated netting to protect humans against the bite of the mosquito that transmits malaria, such measures would also be necessary to combat the spread of that disease. Both access to adequate treatment and the implementation of preventive measures to avoid infection are necessary in order to reduce the spread of diseases such as malaria and tuberculosis, and implementation of the Programme of Action would contribute towards making this a reality.

42. With respect to HIV/AIDS, the Programme of Action underscores the disastrous consequences of the epidemic for individuals, communities and entire nations. It therefore emphasizes the need for measures to prevent the spread of HIV and to treat and support those infected. One of its objectives is therefore "(t)o ensure that HIV-infected individuals have adequate medical care and are not discriminated against; to provide counselling and other support for people infected with HIV and to alleviate the suffering of people living with AIDS and that of their family members, especially orphans; to ensure that the individual rights and the confidentiality of persons infected with HIV are respected; and to ensure that sexual and reproductive health programmes address HIV infection and AIDS" (para. 8.29 (b)). This objective, if achieved, would palliate the negative effects of the disease.

43. Whereas the Programme of Action does not include quantitative targets regarding HIV/AIDS, the key actions for its further implementation do, by calling for a reduction by 2005 of global HIV prevalence among persons aged 15-24 and for a 25 per cent reduction in that prevalence in the most affected countries. It also calls for a 25 per cent reduction by 2010 of global HIV prevalence among those aged 15-24 (para. 70). Achievement of these goals would therefore contribute directly to the goal included in the United Nations Millennium Declaration of having halted or begun to reverse the spread of HIV by 2015. Reducing the prevalence of HIV/AIDS would also contribute to the achievement of other development goals, including the reduction of poverty, the reduction of child mortality and the reduction of maternal mortality.

44. To combat the spread of HIV, the Programme of Action attaches "high priority to information, education and communication campaigns to raise awareness and emphasize behavioural change. Sex education and information should be provided to both those infected and those not infected, and especially to adolescents" (para. 8.31). It also suggests that "(w)herever possible, reproductive health programmes, including family-planning programmes, should include facilities for the diagnosis and treatment of common sexually transmitted diseases" (ibid.) since the latter are

known to be factors facilitating infection by HIV. Emphasis is given to the promotion of responsible sexual behaviour, including voluntary sexual abstinence, and its inclusion in education and information programmes. Wide availability of affordable condoms and drugs for the prevention and treatment of sexually transmitted diseases is recommended, and action to control the quality of blood products and equipment decontamination is stressed (para. 8.35). All these measures plus making information, education and counselling for responsible sexual behaviour and effective prevention of sexually transmitted diseases, including HIV, integral components of all reproductive and sexual health services (para. 7.32) and facilitating the distribution of condoms through those services (para. 7.33) would contribute significantly to the control of the epidemic.

45. The Programme of Action stresses the importance of providing young people and adolescents of both sexes with the information and education needed to prevent the transmission of sexually transmitted diseases, and the need to ensure that adolescent and adult men take responsibility for their own sexual health and the prevention of sexually transmitted diseases. Full implementation of these measures, together with the provisions aimed at improving the status of women and empowering them, would greatly contribute to reducing the transmission of HIV in contexts where the subordination of women to men and the weak economic position of women have constituted a factor promoting the spread of the disease, particularly among women.

G. Challenges of changing population and age distributions

1. Improving livelihoods in an urbanizing world

46. Over the next 15 years, the growth in the world population will be absorbed mainly by urban areas of developing countries, and the world's population will become more urban than rural. As a result, extreme poverty, which has until now been more common in rural than in urban areas, will become increasingly an urban phenomenon. In most developing countries, where urban-dwellers have better access to education and health services than do rural inhabitants, rural-urban migration is a means of improving the access of migrants to such services and of improving their livelihoods. Nevertheless, the rapid pace of urbanization has strained the capacity of Governments to provide adequate services to urban-dwellers and the number of persons living in slums has been rising, amounting to about 900 million today. In this light, the goal of improving the lives of 100 million slum dwellers by 2020, one of the goals set forth in the United Nations Millennium Declaration, is a modest one.

47. Although not all slum dwellers are poor, those having the greatest needs are among the poor and underserved populations focused on by the Programme of Action when it stresses the importance of providing underserved groups with "information, education, jobs, skill development and reproductive health services" (para. 3.19). To achieve the improvement of the lives of slum dwellers, programmes aimed specifically at improving their access to basic services are necessary. The Programme of Action provides guidance on the types of improvements required and, implicitly, recognizes the importance of targeting programmes to satisfy the particular needs of underserved population groups. It also calls upon Governments "to respond to the needs of all citizens, including urban squatters, for personal safety, basic infrastructure and services, to eliminate the health and social problems"

in urban agglomerations (para. 9.14) and "to improve the plight of the urban poor ... by facilitating their access to employment, credit, production, marketing opportunities, basic education, health services, vocational training and transportation" (para. 9.15). A full implementation of these recommendations would certainly contribute to improving the lives of slum dwellers.

2. Population ageing

48. The number and proportion of older people are expected to continue increasing over the foreseeable future, leading to population age distributions unprecedented in human history. Given the social and economic implications of such changes, "(i)t is essential to integrate the evolving process of global ageing within the larger process of development", as stated in paragraph 9 of the Madrid International Plan of Action on Ageing, 2002,[9] adopted by the Second World Assembly on Ageing, held in Madrid from 8 to 12 April 2002. The Programme of Action of The International Conference on Population and Development recognizes that elderly people constitute a valuable and important component of a society's human resources and recommends a series of measures to ensure that elderly persons are able to work and live independently as long as possible or as desired. These measures include the development of social security systems that ensure greater inter-generational and intra-generational equity and solidarity (para. 6.18); facilitating the use of the skills and abilities of older persons for the benefit of society (para. 6.19); valuing and recognizing the contribution that elderly people make to families and society (para. 6.19); and strengthening formal and informal support systems for elderly people, with special attention to the needs of elderly women (para. 6.20). These measures contribute to empowering elderly persons and promoting their full participation in society, as called for by the International Plan of Action on Ageing.

H. Developing a global partnership for development

49. The Programme of Action gives considerable attention to the ways and means by which its recommendations may be implemented. In particular, it includes cost estimates for the major components of basic national programmes on population and reproductive health, programmes aimed at providing reproductive health services to all who need them. The Programme of Action acknowledges that domestic resources provide the largest portion of the funds needed, estimating that only about a third of those costs would come from external sources. The least developed countries and other low-income developing countries would require a greater share of external resources on a concessional and grant basis.

50. Recalling that international cooperation has been essential for the implementation of population and development programmes in the past, the Programme of Action notes that international cooperation has become increasingly important and varied because "(c)ountries that formerly attached minimal importance to population issues now recognize them at the core of their development challenge. International migration and AIDS, for instance ... are currently high-priority issues in a large number of countries" (para. 14.1). Consequently, the Programme of Action encourages Governments to build partnerships with multilateral and donor agencies, civil society (including community-based organizations and non-governmental organizations) and the private sector, as appropriate, for the purpose of undertaking projects or developing

programmes for the implementation of its recommendations. It also calls upon the international community to support South-South collaborative arrangements and facilitate direct South-South cooperation. At the programme level, it recommends national capacity-building for population and development and transfer of appropriate technology and know-how to developing countries. It also reiterates the call for the international community to "strive for the fulfilment of the agreed target of 0.7 per cent of gross national product for overall official development assistance and endeavour to increase the share of funding for population and development programmes commensurate with the scope and scale of activities required to achieve the objectives and goals" of the Programme of Action (para. 14.11). The implementation of these recommendations would not only ensure the achievement of those goals and objectives but also contribute to building the global partnership for development called for in the United Nations Millennium Declaration.

IV. Conclusions

51. **Population is at the core of development, and population trends are a key element of the context in which development takes place. Consequently, measures directed towards influencing demographic behaviour and population dynamics, such as those contained in the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation, would, if fully implemented, contribute significantly to the achievement of universally agreed development goals, including those in the United Nations Millennium Declaration.**

52. **Implementation of the Programme of Action, particularly of measures to ensure that all couples and individuals have the number of children they desire and the information, education and means to do so would contribute to accelerating the transition to low fertility in developing countries that still have high fertility levels, and would produce slower population growth, which in turn would improve the ability of those countries to adjust to future population increases, to combat poverty, to protect and repair the environment, and to set the conditions for sustainable development. Even the difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life.**

53. **Furthermore, reduction of fertility gives rise to the "demographic bonus" whereby the proportion of the population of working age increases relative to that of children and the elderly, a change that can contribute significantly to economic growth and poverty reduction in contexts where governance facilitates human resource development and employment creation. Implementation of other recommendations included in the Programme of Action regarding the provision of education to all, especially girls and women, and increased investment in human resource development would also contribute to ensuring the benefits of the demographic bonus.**

54. **Fulfilment of the goals and objectives of the Programme of Action would ensure the achievement of equivalent goals included in the United Nations Millennium Declaration, particularly reduction of child mortality and maternal mortality, universal access to primary education, parity in access to secondary and higher education between boys and girls, reductions in the spread of HIV,**

and achievement of gender equality and women's empowerment. Because of synergies between these goals and other universally agreed development goals, further benefits would be reaped.

55. **For instance, implementation of the Programme of Action would lead to both the empowerment of women in all spheres of life and a greater involvement of men in the exercise of reproductive rights and responsibilities. These achievements would contribute to enhancing economic growth and reducing poverty, reducing child mortality and improving maternal health, and reducing the spread of HIV. Similarly, improvements in education, particularly of girls, would contribute to reducing poverty, hunger, child and maternal mortality, and the spread of HIV, as well as promote gender equality. Furthermore, a better-educated population would likely change its demographic behaviour with respect to nuptiality, fertility, health and migration in ways leading to greater well-being.**

56. **The Programme of Action offers guidance on ways of addressing the major challenges of the future, including increasing urbanization and population ageing, so that its fulfilment would contribute to the attainment of the objectives set both by the United Nations Millennium Declaration and by the Second World Assembly on Ageing. The Programme of Action also focuses special attention on the needs of vulnerable groups, including children and youth, the elderly, the poor, the disabled and indigenous populations, and stresses the need to provide support and protection to families, especially single-parent families, and to vulnerable family members, such as orphans and widows. Consequently, full implementation of the Programme of Action would benefit all segments of society, particularly the most vulnerable, and lead to less inequality. It would also promote the equal participation and sharing of responsibility of women and men in all areas of family and community life.**

57. **Implementation of the Programme of Action depends crucially on building a partnership for global development where all actors, including Governments, multilateral and donor agencies, civil society and the private sector, cooperate to realize its goals and objectives. In this way, it would validate the importance of the goals included in the United Nations Millennium Declaration and contribute to underscoring that international cooperation is essential for the implementation of population and development programmes, particularly in the least developed and other low-income developing countries.**

Notes

[1] See General Assembly resolution 55/2.

[2] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[3] General Assembly resolution S-21/2, annex.

[4] General Assembly resolution 217 A (III).

[5] General Assembly resolution 44/25, annex.

[6] *Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992*, vol. I, *Resolutions Adopted by the Conference* (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex II

[7] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

[8] General Assembly resolution 34/180, annex.

[9] *Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002* (United Nations publication, Sales No. E.02.IV.4), chap. I, resolution 1, annex II.

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Review of the methods of work of the Commission on Population and Development

Working methods of the Commission on Population and Development

Report of the Secretary-General

Summary

The present report has been prepared in response to General Assembly resolution 57/270 B of 23 June 2003, in which the Assembly requested each functional commission to examine its methods of work in order to better pursue the implementation of the outcomes of the major United Nations conferences and summits. The report reviews the methods of work of the Commission on Population and Development, particularly with respect to enhancing the implementation of, and follow-up to, the Programme of Action of the International Conference on Population and Development and the outcome document of the twenty-first special session of the Assembly, as well as with respect to contributing to the implementation of, and follow-up to, the outcomes of other major United Nations conferences and summits in the economic and social fields. The report concludes with recommendations for further improving the methods of work of the Commission.

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Introduction

1. The present report has been prepared in response to General Assembly resolution 57/270 B of 23 June 2003 entitled "Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic and social fields". In paragraph 46 of that resolution, the Assembly requested each functional commission to examine its methods of work in order to better pursue the implementation of the outcomes of the major United Nations conferences and summits, recognizing that there was no need for a uniform approach since each functional commission had its own specificity, and to make that examination on the basis of a report with recommendations to be submitted by the Secretary-General to each functional commission. The Assembly further requested that the functional commissions and other relevant bodies of the Economic and Social Council should report to the Council no later than 2005 on the outcome of that examination.

I. Mandates and terms of reference of the Commission on Population and Development

A. Mandates prior to the International Conference on Population and Development

2. The Population Commission was established as a functional commission of the Economic and Social Council in 1946, by Council resolution 3 (III) of 3 October 1946. In accordance with that resolution and the modifications made to paragraph 1 thereof by Council resolution 150 (VII) of 10 August 1948, the terms of reference of the Population Commission are as follows:

> "The Population Commission shall arrange for studies and advise the Economic and Social Council on:
>
> "(a) The size and structure of populations and the changes therein;
>
> "(b) The interplay of demographic factors and economic and social factors;
>
> "(c) Policies designed to influence the size and structure of populations and the change therein;
>
> "(d) Any other demographic questions on which either the principal or the subsidiary organs of the United Nations or the specialized agencies may seek advice."

3. Following the United Nations World Population Conference, in 1974, held in Bucharest from 19 to 30 August 1974, the Economic and Social Council in decision 87 (LVIII) of 6 May 1975 requested the Population Commission:

(a) To examine on a biennial basis the results of the continuous process of monitoring the World Population Plan of Action,[1] in accordance with paragraph 107 of the Plan of Action, and to bring its findings to the attention of the Council;

(b) To contribute, within its competence, advice for the comprehensive review and appraisal of the progress made towards achieving the goals and

recommendations of the World Population Plan of Action and to report its findings to the Council.

Paragraph 107 of the World Population Plan of Action read as follows: "It is recommended that monitoring of population trends and policies discussed in this Plan of Action should be undertaken continuously as a specialized activity of the United Nations and reviewed biennially by the appropriate bodies of the United Nations system, beginning in 1977. Because of the shortness of the intervals, such monitoring would necessarily have to be selective with regard to its informational content and should focus mainly on new and emerging population trends and policies."

4. Following the International Conference on Population, 1984, held in Mexico City from 6 to 14 August 1984, the Economic and Social Council in resolution 1985/4 of 28 May 1985 reaffirmed the role of the Population Commission as set forth in resolution 150 (VII).

B. Revision of mandate in relation to the review of the follow-up to, and implementation of, the Programme of Action of the International Conference on Population and Development

5. Following the International Conference on Population and Development, held in Cairo in 1994, the General Assembly, in its resolution 49/128 of 19 December 1994, decided that the name of the Population Commission should be changed to the Commission on Population and Development, which decision was endorsed by the Economic and Social Council in its decision 1995/209 of 10 February 1995. In its resolution 1995/55 of 28 July 1995, the Council endorsed the terms of reference proposed by the Commission in its report in its twenty-eighth session,[2] which were modified as follows:

> "The Commission on Population and Development shall assist the Council by:
>
> "(a) Arranging for studies and advising the Council on:
>
> "(i) Population issues and trends, including determinants and consequences;
>
> "(ii) Integrating population and development strategies;
>
> "(iii) Population and related development policies and programmes;
>
> "(iv) Provision of population assistance, upon request, to developing countries and, on a temporary basis, to countries with economies in transition;
>
> "(v) Any other population and development questions on which either the principal or the subsidiary organs of the United Nations or the specialized agencies may seek advice;
>
> "(b) Monitoring, reviewing and assessing the implementation of the Programme of Action of the International Conference on Population and Development at the national, regional and global levels, identifying reasons for success and failure, and advising the Council thereon;

"...

"(c) Providing appropriate recommendations to the Council, on the basis of an integrated consideration of the reports and issues related to the implementation of the Programme of Action."

II. Working methods of the Commission on Population and Development: enhancement of the follow-up to the implementation of the Programme of Action of the International Conference on Population and Development and the outcome document of the twenty-first special session of the General Assembly

6. The General Assembly, in paragraph 47 of its resolution 57/270 B, underscored that the functional commissions, when mandated, should continue to have the primary responsibility for the review and assessment of progress made in implementing United Nations conference documents, while taking on a new focus on their methods of work.

7. The Commission on Population and Development has continually reviewed and revised its methods of work to allow it to assume its role as the central intergovernmental body responsible for follow-up to United Nations international conferences on population, including, most recently, the 1994 International Conference on Population and Development and the twenty-first special session of the General Assembly held in 1999.

8. Innovations in relation to the working methods of the Commission have been introduced over the past decade and are outlined below.

A. Periodicity of meetings

9. When first established, the Population Commission met annually (as decided by the Economic and Social Council in its resolution 55 (IV) of 28 March 1947), with its first session having taken place in Lake Success, New York, from 6 to 10 February 1947. In 1954, the Council decided, in resolution 557 C (XVIII) of 5 August 1954, to convene the Commission once every two years. The Commission held biennial sessions of two weeks in length until 1995 when it recommended that, in order to provide a more sustained review of the follow-up and implementation of the Programme of Action of the International Conference on Population and Development,[3] it should meet once a year, beginning in 1996, for a period of five working days (Commission decision 1995/1),[4] as taken note of by the Council in its resolution 1995/55.

B. Membership, composition and terms of office

10. In its resolution 3 (III), in which the Economic and Social Council established the Population Commission, the Council stated that the Commission should consist of 1 representative from each of 12 Members of the United Nations selected by the Council and that the term of office of members of the Commission should be three

years. It also established a system of rotation of elections whereby one third of the Commission members would be elected every year.

11. In its resolution 591 (XX) of 5 August 1955, after the periodicity of meetings of the Population Commission had been changed from annual to biennial, the Economic and Social Council decided to increase the term of office of members of the Commission from three to four years, starting with members elected in 1955. This provision is still in place.

12. The number of members of the Population Commission has increased several times. In part I of its resolution 845 (XXXII) of 3 August 1961, the Economic and Social Council decided to increase the membership of the Commission to 18 members to be elected from among the Members of the United Nations. In its resolution 1147 (XLI) of 4 August 1966, the Council decided to enlarge the membership again, with effect from 1 January 1967, to 27 members, to be elected on the basis of an equitable geographical distribution according to the following pattern: (a) 7 members from African States; (b) 5 members from Asian States; (c) 5 members from Latin American States; (d) 7 members from Western European and other States; and (e) 3 members from socialist States of Eastern Europe.

13. Most recently, after the International Conference on Population and Development, the Economic and Social Council, in its decision 1995/320 of 12 December 1995, decided that the membership of the Commission on Population and Development should be increased to 47, consisting of: (a) 12 members from African States; (b) 11 members from Asian States; (c) 5 members from Eastern European States; (d) 9 members from Latin American and Caribbean States; and (e) 10 members from Western European and other States. In the same decision, the Council also established that members of the Commission should be elected by the Council from among the States Members of the United Nations and members of the specialized agencies.

14. The Economic and Social Council has stressed in several instances the importance of ensuring that the Governments of those States Members of the United Nations selected by the Council to serve on the Commission nominate representatives to the Commission who have the required expertise. In resolution 3 (III), the Council stated that, with a view to securing a balanced representation of the various fields covered by the Commission, the Secretary-General of the United Nations should consult with the Governments of the Members of the United Nations so selected before the representatives were finally nominated by those Governments and confirmed by the Council.

15. In its decision 88 (LVIII) of 6 May 1975, the Council decided that the Population Commission should preserve its character as an expert governmental body on all population matters representing all geographical regions of the world and that, in accordance with established procedures, the Secretary-General should consult with the Governments elected to serve on the Population Commission about the nomination of their representatives, in order to ensure a balance of representation of the various disciplines covered by the work of the Commission.

16. In its resolution 1987/72 of 8 July 1987, the Economic and Social Council invited the Secretary-General, with a view to securing balanced representation in the Population Commission of the various areas of technical and substantive expertise in the field of population studies and population assistance, to consult with

Governments of the States members of the Commission, in conformity with paragraph 3 of Council resolution 3 (III) and the rules of procedure of the functional commissions of the Council, before representatives were finally nominated by those Governments and confirmed by the Council.

17. Lastly, in its resolution 1995/55 on the implementation of the Programme of Action of the International Conference on Population and Development, the Council reiterated its decision that government representatives nominated to serve on the Commission should have the relevant background in population and development.

C. Bureau of the Commission on Population and Development

18. Before the enlargement of the membership of the Population Commission to 27, the Bureau of the Commission had consisted of 4 persons, a Chair and 3 Vice-chairpersons. As of 1967, the Bureau increased to 5 persons, each from a different regional group. The full list of Member States whose representatives have served in the Bureau of the Commission is presented in table 1. As the table indicates, since 1985, after the International Conference on Population, 1984, there has been some degree of geographical rotation of the Chairmanship of the Commission.

19. Since the establishment of the Commission, its Bureau has been elected at the beginning of each session. In 2004, the Commission decided to elect the Bureau on the final day of each session and to establish a system of regular geographical rotation for the chairmanship of the Commission.[5] This new mode of operation will allow the Bureau elected at the end of a session to oversee the preparatory work for the next session.

20. Although the election of the Bureau had been supposed to take place at the start of the Commission's session until 2004, delays in the presentation of candidates by the regional groups regularly resulted in the late election of several members of the Bureau. Thus, between 1995 and 2002, in no case was the full Bureau elected during the 1st meeting of the Commission; and in several instances, the election of the membership of the Bureau was not completed before the 7th meeting of the Commission, when it was more than half way through its work. An improvement in this respect has taken place since 2003. During both the thirty-sixth and the thirty-seventh sessions of the Commission, in 2003 and 2004, the full Bureau was elected during the 1st meeting of each session.

Table 1
Members elected to the Bureau of the Commission on Population and Development, 1947-2004

Year	*Chair*	*Vice-Chairpersons/Rapporteur*
1947	Peru	Ukrainian Soviet Socialist Republic, United Kingdom
1948	Peru	Ukrainian Soviet Socialist Republic, United Kingdom
1949	Peru	Australia, Ukrainian Soviet Socialist Republic, United Kingdom
1950	France	United States of America, Yugoslavia
1951	France	Brazil, United States of America
1953	Yugoslavia	Belgium, Brazil, United Kingdom
1955	Canada	Belgium, United Kingdom
1957	Canada	Belgium, United Kingdom
1959	Belgium	Union of Soviet Socialist Republics
1961	Belgium	United Arab Republic, United States of America
1963	United Arab Republic	Greece, Japan, Ukrainian Soviet Socialist Republic
1965	Australia	India, Panama, Yugoslavia
1967	Australia	Ghana, India, Philippines, Yugoslavia
1969	Philippines	Czechoslovakia, Denmark, Ghana, India
1971	India	Czechoslovakia, Denmark, Ghana, Jamaica
1973	Philippines	Costa Rica, Ghana, Netherlands, Romania
1975	Philippines	Costa Rica, Ghana, Netherlands, Romania
1977	Netherlands	Ecuador, Ghana, India
1979	Netherlands	Hungary, Ghana, India
1981	Sri Lanka	Panama, Finland, Nigeria, Ukrainian Soviet Socialist Republic
1984	Netherlands	Costa Rica, Egypt, Hungary, Malaysia

Year	*Chair*	*Vice-Chairpersons/Rapporteur*
1985	India	Bulgaria, Costa Rica, Nigeria, Sweden
1987	Brazil	Bulgaria, Egypt, Netherlands, Thailand
1989	Poland	Burundi, Federal Republic of Germany, Japan, Mexico
1991	Germany	Bolivia, Egypt, Japan, Poland
1994	Japan	Jamaica, Hungary, Netherlands, Sudan
1995	Canada	India, Mexico, Poland, Tunisia
1996	Hungary	Belgium, Brazil, Kenya, Philippines
1997	Mexico	Hungary, Malaysia, Netherlands, Nigeria
1998	Malaysia	Belgium, Niger, Peru, Ukraine
1999	Belgium	Hungary, Islamic Republic of Iran, Kenya, Panama
2000	Kenya	Croatia, Islamic Republic of Iran, Italy, Jamaica
2001	Japan	El Salvador, Italy, Lithuania, South Africa
2002	Italy	Ghana, Jamaica, Japan, Lithuania
2003	Lithuania	Bangladesh, Gambia, Luxembourg, Peru
2004	Peru	Bangladesh, Egypt, Lithuania, Netherlands

21. To ensure the efficiency of the Bureau, an effort has been made to elect a Chair from among re-elected members of the Bureau whenever feasible. Efforts are also made to ensure gender balance in the Bureau.

22. Since 1997, with the authorization of the Commission granted at its thirtieth session, the Bureau of the Commission on Population and Development has been holding one intersessional meeting per year to plan the next session of the Commission. The intersessional meeting usually lasts two days and has generally been hosted by the Chair of the Commission in his or her country. Starting with the thirty-first session of the Commission in 1998, the report of the intersessional meeting of the Bureau has been introduced by the outgoing Chair. The report considers the work of the Commission as well as Bureau activities.

23. Over the years, the Bureau has initiated modifications in the working methods of the Commission with a view to increasing the effectiveness and efficiency of the Commission's review of the follow-up to, and implementation of, the Programme of Action of the International Conference on Population and Development.

D. Multi-year work programme

24. In 1995, as part of the follow-up to the International Conference on Population and Development, the Commission recommended a multi-year work programme for the period 1996 to 1999, which was endorsed by the Economic and Social Council in its resolution 1995/55. In addition to setting the themes for each annual session of the Commission from 1996 to 1999, the Commission's first multi-year plan established that the Commission would consider the quinquennial review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development in 1999.

25. Since 1995, the Commission had been selecting themes for future sessions at least two years in advance of each session, but a longer multi-year programme of work has not been adopted again. Table 2 lists the Commission's decisions on annual themes and the themes selected for different years. Since 1999, only in 2000 did the Commission select themes for more than one future session, thus covering a three-year planning horizon.

Table 2
Decisions by the Commission on Population and Development setting the annual special themes for the Commission's sessions

Decision number	*Title*	*Theme(s) selected*
1995/2	Programme questions	Special themes were set for the years 1996 to 1999 in annex II of the Commission's report on its twenty-eighth session, namely, "Reproductive rights and reproductive health" (1996), "International migration" (1997), "Health and mortality" (1998) and "Population growth, structure and distribution" (1999)
1998/1	Special theme for the Commission in the year 2000	"Population, gender, and development" for 2000
1999/1	Special themes for the Commission on Population and Development in the years 2000-2004	"Population, environment and development" for 2001 and requested proposals for 2002 and 2003
2000/1	Special themes for the Commission on Population and Development in the years 2001-2003	"Reproductive rights and reproductive health, with special reference to HIV/AIDS" for 2002; "Population, education and environment" for 2003

Decision number	*Title*	*Theme(s) selected*
2003/1	Special theme for the Commission on Population and Development in 2005	"Population, development and HIV/AIDS, with particular emphasis on poverty" for 2005
2004/1	Special themes for the Commission on Population and Development in the years 2005-2006	"International migration and development" for 2006

26. In 2004, the Commission considered the second quinquennial review and appraisal of the implementation of the Programme of Action but it has not yet reaffirmed that the next quinquennial review and appraisal shall take place in 2009 or that a comprehensive review and appraisal of the implementation of the Programme of Action would take place in 2014.

27. The adoption of a multi-year work programme and the selection of special themes have been guided by the need to review the follow-up to and implementation of the Programme of Action in a structured and comprehensive manner, over a given period. Since 1996, the themes selected have covered the major topics contained in the Programme of Action and, after 1999, in the key actions for its further implementation (see table 3).[6] Although there is generally a good correspondence between the themes selected and particular chapters of the Programme of Action, themes have often implied a clustering of topics treated in different chapters of the Programme of Action or in different sections of the key actions. However, such clustering has been driven by the intent of selecting a relevant and timely theme and not by that of focusing on clusters. In this regard, the Commission has been giving priority to the consideration of key or emerging issues in the field of population and development rather than to the more mechanical coverage of all issues covered in the Programme of Action.

Table 3
Special themes of the annual sessions of the Commission on Population and Development and parts of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation covered under those themes

Year	*Special theme*	*Chapter(s) of the Programme of Action*	*Section of the key actions*
1996	Reproductive rights and reproductive health	VII	-
1997	International migration	X	-
1998	Health and mortality	VIII	-
1999	Population growth, structure and distribution	VI, IX	-
2000	Population, gender and development	IV	III

Year	*Special theme*	*Chapter(s) of the Programme of Action*	*Section of the key actions*
2001	Population, environment and development	III.C	II.A
2002	Reproductive rights and reproductive health, with special reference to HIV/AIDS	VII, VIII.D	IV
2003	Population, education and development	XI	II.E
2004	Review and appraisal of the Programme of Action of the International Conference on Population and Development	-	-
2005	Population, development and HIV/AIDS, with particular emphasis on poverty	VII.C, VIII.D, III	IV.D
2006	Intentional migration and development	X	II.C

28. In addition, in selecting special themes for the multi-year programme of work, the Commission, in its effort to give due regard to the work of other functional commissions and the Economic and Social Council, has endeavoured to choose themes that can provide timely input to important debates being held in those bodies. For instance, the theme on Population, gender and development was considered in the year marking the fifth anniversary of the Fourth World Conference on Women so as to provide input to the work of the Commission on the Status of Women. Similarly, consideration of the theme "Population, environment and development" was undertaken in 2001, one year before the tenth anniversary of the United Nations Conference on Environment and Development, to serve as input for the preparatory process to the World Summit on Sustainable Development, held in Johannesburg, South Africa, in 2002.

E. Panel discussions and keynote speakers

29. Panel discussions, which had been initiated in the Commission on Population and Development in 1998 following a recommendation made by the Bureau at its intersessional meeting, were held from 1998 to 2002. Panels consisted of representatives of members of the Commission who presented and discussed in some depth the experience of their countries in the implementation of the Programme of Action as related to the special theme. Because of the length of the presentations, panel discussions did not lead to dialogue. For that reason, a new format has been tried since 2003, one involving single presentations by keynote speakers, with sufficient time allotted for presentation and discussion. Outside experts of renown have been invited as keynote speakers. Presentations have been stimulating and have led to useful dialogues between the keynote speakers and members of the Commission.

F. Interactions with other functional commissions and with the Economic and Social Council

30. Since 1999, members of the Bureau of the Commission on Population and Development have been meeting regularly with members of the Bureau of the Economic and Social Council during the annual session of the Commission. In addition, the Chair of the Bureau of the Commission has been attending the annual meeting of Chairpersons of the functional commissions with the Bureau of the Council, most recently held at United Nations Headquarters on 19 July 2004. These meetings have been useful in providing a forum for the exchange of information and experience leading to increased collaboration and interaction between the functional commissions.

31. An example of such collaboration was the meeting held in 2004 between the Chair of the Commission on the Status of Women and members of the Bureau of the Commission on Population and Development to exchange information on the process adopted by each Commission to carry out the review and appraisal of the outcome documents of their respective international conferences.

32. In addition, the Commission on Population and Development has had a long history of collaboration with the Statistical Commission, fostered by presentations by the Director of the United Nations Statistics Division or the Chair of the Statistical Commission to the Commission on Population and Development and presentations by the Director of the Population Division of the United Nations Secretariat to the Statistical Commission on subjects of mutual interest.

III. Recommendations for further development of the methods of work of the Commission on Population and Development

33. The following recommendations are proposed for the consideration of the Commission on Population and Development in preparing its report for submission to the Economic and Social Council with the purpose of improving its working methods in the context of the integrated and coordinated implementation of, and follow-up to, the outcomes of the major United Nations conferences and summits in the economic and social fields.

A. Membership and term of office

34. **With the election of the Bureau taking place at the end of each session, the Commission may wish to request a change in the term of office of its members so that a term would end at the end of the Commission's session rather than at the end of the calendar year.**

35. **In light of its role as an expert body providing advice to the United Nations system on population and development issues, the Commission may wish to reiterate the call upon Governments to appoint representatives who have the required expertise in the field of population and development.**

B. Bureau of the Commission

36. The Commission has already decided that there should be regular geographical rotation of the Chairmanship of the Commission. The Commission may wish to further decide that this rotation should start with the election held at the end of the thirty-eighth session and the order of rotation should be: (a) African States; (b) Asian States; (c) Eastern European States; (d) Latin American and Caribbean States; (e) Western European and other States.

37. The Commission may wish to request that the regional groups provide the names of their respective candidates to the Bureau by the 7th meeting of each session of the Commission to ensure that the election of the full Bureau can take place at the end of the session.

38. The Commission may wish to encourage regional groups to take the necessary steps to ensure that the candidate who will chair the Commission when the group's turn comes is elected to the Bureau one year prior to taking the Chairmanship, so as to ensure continuity in the work of the Bureau.

39. The Commission may wish to reaffirm the role of the Bureau in organizing the work of the Commission, making proposals for its work programme, suggesting improvements to its methods of work, and guiding collaboration and coordination with other commissions and with the Economic and Social Council.

C. Multi-year work programme

40. The Commission may wish to establish a planning horizon of at least two years, while maintaining its flexibility in responding to emerging issues in a timely fashion.

41. The Commission may decide to reiterate the need to conduct a periodic review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation, maintaining the periodicity of five years.

42. The Commission may wish to reaffirm its prerogative to make decisions within its area of competence and to use its expertise to anticipate and deal with issues of concern in the field of population.

43. The Commission may decide to stress the utility of providing a forum where members can share experience, identify best practices, discuss programmes that work and those that do not, and gain a better understanding of the problems that they must address.

44. The Commission may wish to decide that the outcomes of its annual examination of special themes as part of the follow-up to the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation should endeavour to reflect significant policy developments and concrete recommendations for action.

D. Keynote speakers

45. **The Commission may wish to endorse the use of keynote speakers to promote an interactive dialogue on a given topic.**

E. Interactions with other commissions, the Economic and Social Council and other bodies

46. **The Commission may wish to decide to reaffirm the importance and utility of an ongoing exchange of views and information with the Bureau of the Economic and Social Council, particularly by means of the annual meeting of the Bureau of the Commission with the Bureau of the Council. The Commission may wish to request the Bureau to keep its members informed of important developments in this regard.**

47. **The Commission may wish to continue its practice of selecting, as appropriate, special themes, keeping in mind the work programmes of other functional commissions and entities of the United Nations system.**

48. **The Commission may wish to strengthen its links with other functional commissions. Collaboration may be increased between their respective Bureaux, particularly in the context of the integrated and coordinated implementation of, and follow-up to, the outcomes of the major United Nations conferences and summits in the economic and social fields.**

49. **Bearing in mind paragraph 52 of General Assembly resolution 57/270 B, in which the Assembly invited the United Nations regional commissions in collaboration with other regional and subregional organizations and processes, as appropriate, to contribute, within their mandates, to the review of progress made in the implementation of and follow-up to the outcomes of the major United Nations conferences and summits, the Commission may wish to continue to enhance the regional commissions' contributions, in particular to the review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation.**

Notes

[1] E/CONF.60/19 (United Nations publication, Sales No. E.75.XIII.3), chap. I.

[2] *Official Records of the Economic and Social Council, 1995, Supplement No. 7* (E/1995/27), annex I, sect. I.A.

[3] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[4] See *Official Records of the Economic and Social Council, 1995, Supplement No. 7*, (E/1995/27), chap. I, sect. B, decision 1995/1; ibid., annex I, sect. I.C.

[5] Ibid., *2004, Supplement No. 5* (E/2004/25), chap. I, sect. B, decision 2004/2.

[6] General Assembly resolution S-21/2, annex.